



**CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF AGE OR OLDER
TENNESSEE CODE ANNOTATED, §36-1-117(I)**

STATE OF TENNESSEE

COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am _____, (Use the name of minor child prior to any name change requested in the Petition, fourteen (14) years of age or older, born _____ (Date of Birth).
2. I understand that _____, (name of prospective adoptive mother), and _____, (name of the prospective adoptive father), have filed a Petition to adopt me.
3. I understand that if the Court enters an order of adoption based upon the Petition, that I will become the legal child of _____, (name of prospective adoptive mother, and _____, (name of prospective adoptive father, and that they will become my parent(s) for all purposes, just the same as if I had originally been born to them (him/her).
4. I understand that, while I remain under eighteen (18) years of age, my adoptive parent(s) will have the right to determine if I should contact or visit with anyone in my birth family.
5. I understand that I will have the right to inherit property from my adoptive parent(s), and their (his/her) descendants will have the right to inherit property from me or my descendants, but only for property I acquire after the adoption order is entered. After the order of adoption is entered, I will not inherit property from my birth family, nor will they inherit property from me after the order of adoption is entered. I may inherit from or through a parent whose rights were not terminated before his or her death.
6. No one has pressured me to agree to this adoption, and I believe that my adoption by _____, (name of prospective adoptive mother, and _____, (name of prospective adoptive father), is in my best interests. I wish for the adoption to take place.
7. Do you freely and voluntarily, without pressure from anyone, consent to this adoption? ☐ Yes ☐ No

This the _____ day of _____, _____

FURTHER AFFIANT SAITH NOT

Please print: _____
Name of Minor Child

Signature: _____

Sworn to and subscribed before me this _____ day of _____, _____

Please print: _____
Chancellor of the Chancery Court
for Shelby County Tennessee

Signature: _____